

came forward and offered, as though it was to be a privilege to him rather than a benefit to me, to act as my private preceptor. He was, ever afterwards, more.' He was always in the place of my father; always ready to advise and to guide me in all my subsequent undertakings. He was the main counsellor on whom I relied, and surely there could not have been a better. Ought I not, then, to rejoice, especially, in the honor conferred on me of making this presentation? Should I not be glad with an exceeding gladness to so have a share—though but a meagre one relatively—in securing this bust for future generations to gaze upon, to think over, and to glory in? I do indeed rejoice, and am sure that no one could approach the performance of this high and sacred duty with a heart more full of zeal, veneration and gratitude. Now, therefore, Gentlemen, Members of the Board of Trustees, allow me, in behalf and in the name of the Alumni Association of the Jefferson Medical College, to present to you this admirable bust of the late Dr. Joseph Pancoast, Emeritus Professor of Anatomy, with the request that it may be kept where it may always be seen in intimate association with the special field of his labors, and by those who are peculiarly bound to admire and to emulate his example. It is not only a fine work of art, but a faithful likeness, and came to us from his son and successor in the Faculty.

Let us all join hands in the wish that, besides this marble image, there may ever be a living representative of the father in our Alma Mater.

[Reported for the COLLEGE AND CLINICAL RECORD.]

Clinical Lecture.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

GYNÆCOLOGICAL CLINIC, HELD MARCH 21ST, 1883,
BY J. EWING MEARS, M. D.,

Clinical Lecturer on Gynæcology and Gynæcologist to the Hospital.

CASE I.—VESICO-VAGINAL FISTULA OF UNUSUAL ORIGIN.

GENTLEMEN:—At the last clinic I brought before you a woman suffering from vesico-vaginal fistula, and made some remarks upon the causes and other features of this condition. I present to you to-day another patient, who has a fistulous opening between the bladder and vagina, the history of whose case verifies, in marked manner, the statements made on the previous occasion. With regard to the cause of her condition, this patient makes an interesting statement, one which I am sure will carry weight with you, and teach all an important lesson. She says that some eight years ago

she was attended in her confinement by a midwife who, *mistaking an over-distended bladder for the head of the child*, seized hold of it and attempted, by the employment of much force, to deliver it. The result of the application of this force upon the vaginal and vesical walls, which had been subjected to prolonged pressure, and with the bladder distended by urine, was, then and there, a rupture, just behind the neck of the organ; so much for the cause. The second point to which I desire to call your attention is with reference to the number of operations which have been performed for the purpose of securing closure of the rent. She states that during a period of eight months she submitted to five operations, all unsuccessful, except the last, and after the lapse of a year she presents herself for the relief of a dribbling of urine through the cicatrix, showing that, for some reason, there is a recurrence of the fistula. On examination, I find that the reopening of the fistula has been due probably to the formation and accumulation of small phosphatic calculi, which, lodging about the site of the cicatrix, have produced ulceration at this point. She has passed several of these calculi, and still suffers from their accumulation. An interesting condition is observed on examination of the vagina, showing that the method taken to close the fistula consisted in drawing down the cervix-uteri and uniting it to the neck of the bladder. This method can be employed successfully in cases where the opening involves the neck of the bladder, the anterior lip forming a part of the vesical wall, and in this way closing the opening.

Before making an attempt to close the very small opening which now exists, we must give remedies which will change the character of the urine, and for this purpose we will place the patient upon the acid treatment, ordering ten to fifteen drops of the dilute nitro-muriatic acid to be taken three times daily, in a sherry-wineglassful of water. You can readily understand that it would be useless to attempt to close the fistulous opening while the condition of the urine remains as at present. The important lesson to be learned in the study of this case is with reference to the obligation which rests upon the physician, of knowing *personally* that the bladder has been evacuated before labor progresses to any extent; in all cases where the forceps are used the catheter should be introduced and the bladder entirely emptied. The mistake made by the ignorant midwife I mention only to add that if committed by a graduate in medicine it would justly subject him to prosecution for malpractice, and, on conviction, the penalty should be

so heavy as to make it impossible for him to continue in the practice of medicine.

2. HAIR-PIN INCARCERATED IN THE CANAL OF THE UTERUS—REMOVAL.

This patient is thirty years of age, married, but living apart from her husband. She has been brought to the Hospital by her medical attendant, Dr. Bunn, who states that five weeks since she introduced into the uterus a hair-pin, for the purpose of producing abortion. She has suffered much pain, especially when in the sitting posture, and is quite alarmed with regard to the results which may follow the long-continued lodgment of the foreign body in the womb. She states that she introduced the hair-pin *bent end up*, and that it slipped from her fingers and got so far in that she could not grasp the points. Since its introduction she has had her menses, and she is satisfied with the results of her efforts in that direction. She condemns the instrument, however, on account of the manner in which it disappeared into the recesses of the womb. She refuses to take ether, and we will therefore be compelled to subject her to some pain, in effecting the removal of the foreign body. On the introduction of the sound, the pin can be felt occupying the canal, extending from a point just below the internal os to the fundus. One point is imbedded in the posterior wall; the other is free. I will draw down the uterus to the mouth of the vagina and hold it with the volsella, and will then grasp the free arm and endeavor to push it up, so as to dislodge the imbedded point. This I find it impossible to accomplish. I will now seize it with these narrow-pointed, strong forceps, and make an effort to turn it. This, you observe, is accomplished, although the posterior lip is perforated by the imbedded point. No hemorrhage follows the effort at extraction. The patient will be kept in bed for a few days, opium suppositories used, and the hot-water douche employed. By these means we will endeavor to prevent the occurrence of inflammation.

The literature relating to the introduction of instruments of various kinds into the uterus for the production of abortion, is very interesting and well worth your study. An extraordinary instance was recorded a few years since, by Prof. T. Gaillard Thomas, of New York, in which the woman used a metallic umbrella rod, and forced it through the walls of the uterus; it then traversed the abdominal cavity, perforated the diaphragm, and finally entered the lung; death followed, as a matter of course.

My colleague, Dr. Longstreth, has related to me a case in which he made a post-mortem examination, and found malignant disease of

the uterus. The patient had produced abortion a number of times, using for that purpose the "family whalebone," a piece of whalebone which had been fashioned so as to serve the purpose of a sound, and had done service in the family for a long time. Knitting needles and crochet needles have also been used.

It would seem somewhat difficult to introduce an instrument of the length of a hair-pin, unless the uterus was much prolapsed. In the case before you, the pin introduced measured two inches and three-quarters. The patient states that her womb "comes down a good deal."

[NOTE.—The patient left the Hospital at the expiration of a week, no condition requiring special treatment having occurred during that period.]

Our Library Table.

EXPERIMENTAL PHARMACOLOGY. A Handbook of Methods for Studying the Physiological Actions of Drugs. By L. Hermann. Translated, with Notes etc., by Robert Meade Smith, M.D. pp. 201, small 8vo. Henry C. Lea's Son & Co., 1883.

This translation, as is stated in the preface, has been made in order to furnish the student with a work which would assist him in his studies of the physiological action of drugs, enabling him to make the experiments himself that would otherwise require the assistance of the instructor. Nearly one-half the volume has been written by the translator. The book is mostly, however, a study of the action of poisons on isolated organs, and an investigation of the general *modus operandi* of poisons, and its title therefore fails to convey the proper idea of its contents. It is rather a "Pharmacology," in the sense that the Greek word *Φαρμακον* means a poison. R. J. D.

A COMPEND OF OBSTETRICS. By Henry G. Landis, A.M., M.D. With illustrations. 12mo, 107 pp. P. Blakiston, Son & Co. Price \$1.00.

The little work under notice is No. 5 of the Quiz Compend published by this firm, and is probably the most thorough and skillfully compiled work of the series, viewed in its field of utility to the practitioner as well as to the student. It is really a valuable addition to obstetrical literature, even though it be in the form of question and answer, for it is written in language that is readily intelligible, and embodies the experience and views of an acknowledged master of his art. R. J. D.